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**FAX TRANSMISSION****DATE:** September 5, 2006**PTO IDENTIFIER:** Application Number 09/754,094-Conf. #4130  
Patent Number**Inventor:** Mark S. Humayun**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** EDWARDS ANGELL PALMER & DODGE LLP

Lisa Swiszc Hazzard

**PHONE:** (617) 439-4444**Attorney Dkt. #:** 55534(71699)**PAGES (Including Cover Sheet):** 22**CONTENTS:** Amendment Transmittal (1 page);  
Response to Final Office Action (19 pages);  
Certificate of Transmission (1 page)

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PTO/SB/97 (06-04)

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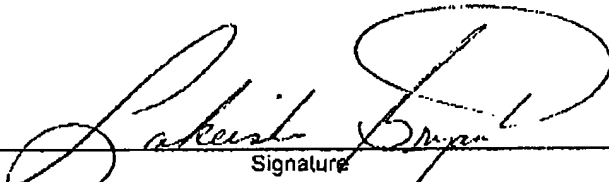
Application No. (if known): 09/754,094

Attorney Docket No.: 55534(71699)

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Amendment Transmittal (1 page);

Response to Final Office Action (19 pages).

AMENDMENT TRANSMITTAL LETTER				Docket No. 55534(71699)	
Application No. 09/754,094-Conf. #4130		Filing Date January 3, 2001		Examiner C. S. Williams	
				Art Unit 3763	
Applicant(s): Mark S. Humayun					
Invention: DEVICE AND METHOD FOR MANUAL RETINAL VEIN CATHETERIZATION					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	52	- 57 =		x	
Independent Claims	4	- 4 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00
<input type="checkbox"/> Large Entity <input checked="" type="checkbox"/> Small Entity					
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-1105</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
Lisa Swiszczy Hazzard Attorney/Agent Reg. No.: 44,368				Dated: <u>September 5, 2006</u>	
EDWARDS ANGELL PALMER & DODGE LLP P.O. Box 55874 Boston, Massachusetts 02205 (617) 439-4444					

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APPLICANTS: M. Humayun, et al.

U.S.S.N.: 09/754,094

ART UNIT: 3763

FILED: January 3, 2001

EXAMINER: Williams, Catherine Serke

FOR: DEVICE AND METHOD FOR MANUAL RETINAL VEIN  
CATHERIZATIONMail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**RESPONSE TO FINAL OFFICE ACTION**

Applicants are in receipt of the final Office Action dated July 19, 2006 in the above-identified application.

**Amendments to the Claims** are reflected in the listing of claims, which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 9 of this paper.